Dependency Override Request Form
2015-2016

If you answered “No” to all of the questions in section two of the 2015-2016 Free Application for Federal Student Aid (FAFSA) you are considered a dependent student regardless of whether or not you live with your parents.

If you believe there are extenuating circumstances and would like to request special consideration of your student status for financial aid purposes for the 2015-2016 award year, you may complete this form, attach appropriate documentation, and submit materials to the Office of Student Financial Services. Please read the “Conditions Supporting the Use of Dependency Overrides by Financial Aid Administrators” brochure prior to completing a request for dependency override.

In addition to this form you must submit the following documents:
- 2015-2016 FAFSA
- Standard Verification worksheet with IRS tax transcripts and W-2’s
- Supporting documentation (see item 9)

Last Name: ___________________________ First Name: ___________________________ MI: ______

Student ID: ______________________ Date of Birth: __/__/____ Phone Number: (____) ______-______

1. Did or will your parent(s) claim you as a tax exemption in 2014? *Yes_______ No_______
   *If you marked Yes you are ineligible for a dependency override.

PLEASE NOTE: A dependency override will not be granted to any student residing in a parent’s household or to a student who has been claimed as a dependent on the parent’s year 2014 tax return.

2. Will you be claimed as a tax exemption by anyone in 2014? Yes_______ No_______
   If yes, please specify who and your relationship to that person:
   ____________________________________________________________
   ____________________________________________________________

3. How long have you maintained a household separate from your parent(s)?
   ____________________________________________________________
   ____________________________________________________________

4. Where do you expect to live throughout the 2015-2016 school year?
   ____________________________________________________________
   ____________________________________________________________
5. Does a friend or relative pay any of your living expenses? If yes, you must explain this arrangement.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Explain your ability to financially support yourself during the 2015 and 2016 calendar years. Please provide a full explanation of your income, benefits and support.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. How much financial support did your parent(s) actually provide you during the 2014 calendar year and how much support will they be providing in 2015? Financial support includes cash, food, housing, purchase of a vehicle, insurance payments, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Please provide an explanation of why you believe you should be considered financially independent of your parent(s) for the purpose of receiving federal financial aid during the 2015-2016 award periods. Explain any special family and economic circumstances, incidents, and/or events which prohibit your parent(s) from providing you any (or limited) financial support. (Attach additional sheets if necessary.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. You are required to submit documentation describing your special circumstances. A letter(s) supporting your extenuating circumstances must be provided from a school official, counselor, social worker, teacher, clergy, lawyer, judge, or physician on official letterhead.

PLEASE REMEMBER: Classification as an independent applicant is not automatic. Your request may be denied, which means you must be classified a dependent financial aid applicant.

Student Financial Services will notify you once a decision of your dependency status has been made.

________________________________________________________________________
________________________________________________________________________

Student's Signature                                               Date